

**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

I, \_\_\_\_\_, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

\_\_\_\_\_  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
witness my hand at office in the County of \_\_\_\_\_, State of Tennessee.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_, \_\_\_\_\_.

HF-0043

Revised 7/02